# L14000071763

Office Use Only



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T. BROWN

### **COVER LETTER**

TO: Registra

Registration Section Division of Corporations

SURJECT:

# East Of Eden Retreat and Spa, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Eric Scheufler

Name of Person

# East Of Eden Retreat and Spa, LLC

Firm/Company

## 42 Business Centre Dr. Ste.#210

Address

## miramar Beach, FL 32550

City/State and Zip Code

## escheufler@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Eric Scheufler

at 850 687-5126

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

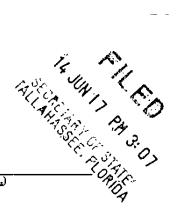
#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### EAST OF EDEN RETREAT AND SPA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 0	5/02/2014	and assigned
Florida document number L14000071763			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	234	Dog Hobbl	e Ln.
(Principal office address MUST BE A STREET ADDRESS)	Santa	da 324	Beach
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	Maria.		
<del></del>	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Type of A	<u>Action</u>
MGR	Eric Scheufler	42 Business Cetre Dr. ■ Add	
		suite#210 Miramar Beach FL	ve
		32550	
AMBR	Evgenia Blair	234 Dog Hobble Ln.	
		Santa Rosa Beach, FL	ve
	• .	32459	
		Add	
		Remov	ve
		Add	
		🗖 Remov	⁄e
		Remov	'e
		Remove	ė

D. If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
Princip	val office address:
234	Dog Hobble Ln.
Sant	Rosa Beach, FL
3245	9
	r than the date of filing: (optional) pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after led by the Florida Department of State)
Dated June 10	th 2014
<u></u>	Eric Schenfler
	Signature of a member or authorized representative of a member
	Eric Scheufler /
	Typed or printed name of signee

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Filing Fee: \$25.00